PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

(0635901

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN	
			(Column 1)		(Column.2)		T	TYPE		OR	SMALL	ENTITY
TOTAL CLAIMS			374					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			3 2 minus 20=		* 12			X\$ 9=	. * ·	OR	X\$18=	
INDEPENDENT CLAIMS			Smir	nus 3 =	* /4	* 2		X42=		OR	X84=	
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT				ţ	+140=	,	OR	+280=	
* If	the difference	in column 1 is	less than zero, enter "0" in co			olumn 2	Ĺ	TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II										•	OTHER	THAN
		(Column 1)		(Colur	nn 2)	(Column 3)		SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	COL ALIA	=		X42=		OR	X84=	
	FIRST PRESE	NTATION OF MI	JETIPLE DEF	ENDEN	CLAIM			+140=		OR	+280=	
Ineed							L	TOTAL			TOTAL	
	NE	Α	DDIT. FEE			ADDIT. FEE						
		(Column 1) CLAIMS	TE E	(Colur		(Column 3)	Г		ADDI-	1		ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	OUSLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***				X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							.140			+280=	
								+140= TOTAL		OR	TOTAL	
		Α	DDIT. FEE		OR	ADDIT. FEE						
_		(Column 1) CLAIMS		(Colur		(Column 3)						l see
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT	I	RATE	-ADDÌ- TIŌNAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	I	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=		OR	X'84=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							-		,		-,
*	If the entry in colu	mn 1 is less than t	he entry in colu	mn 2. write	e "0" in co	lumn 3.	L	+140= TOTAL		OR	+280=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL ADDIT. FEE ADDIT. FEE												
		nber Previously Pa					r fou	nd in the app	ropriate box	in co	lumn 1.	